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Rigorous management of sickness absence provokes sickness presenteeism

Although sickness absence varies over time, it is a sizeable problem in many European countries. The Organization for Economic Co-operation and Development has registered sickness absence in lost work days for many European countries and the results ranged from 5 to 8 work days lost a year per employee in the Netherlands, the UK, Denmark and France to >20 work days lost a year per employee in Sweden, the Slovak Republic and the Czech Republic in 2005 [1]. Two groups of factors were found to explain the between-country differences: objective factors, such as the health status and employment rates, and the generosity of sickness absence compensation systems [2].

Employers pay the initial costs of sickness absence in most European countries. Benefits to compensate sickness absence are formally limited, but full payment of the sick-listed employee is usual. Apart from these direct salary costs, there are also indirect costs of sickness absence due to lost productivity, overtime work, replacement staff and reduced quality of services. Besides these organizational costs, society pays for the use of healthcare facilities, disability pensions and the economic losses as a consequence of long-term sickness absence.

To control the costs of sickness absence, governments and companies have developed policies and practices aimed at reducing sickness absence. Organizational sickness absence policies describe to managers and staff what sickness absence is, when it can be taken, how and when it should be reported and recorded and what action should be taken [3]. These policies are mostly integrated in the strategic view of a company and also cover other aspects such as health policies, safety climate and ergonomic practices. Organizational policies and practices (OPPs)

with regard to sickness absence often focus on work attendance.

Attending work despite the feeling that, in the light of perceived ill health, one should have taken sick leave is known as sickness presenteeism. More than 70% of a random sample of 12 935 employees of the Danish workforce reported working through illness at least once during a 12-month period [4]. A third of the employees in a stratified subsample of 3801 employees of the Swedish workforce reported that they had worked two or more times during the preceding year despite feeling ill [5]. Sickness presenteeism is most prevalent in the healthcare, welfare and education sectors while sickness absence is also high in these occupations. Sickness presenteeism at baseline was found to be consistently associated with a higher risk of poor health at both the 18-month and 3-year follow-up [6]. Going to work when feeling ill was also a significant risk factor for sickness absence exceeding 30 days three years later [7]. Sickness presenteeism is nowadays just as common as sickness absence and it is estimated that the costs of productivity losses due to performance below par are higher than the costs of sickness absence [8]. Possibly, employees take no time or a shorter period to recover from their illness to avoid disciplinary situations. Also, employees may feel reluctant to call in sick because OPPs often require illness disclosure to the supervisor.

Supervisors manage sickness absence in line with the OPPs. The management of sickness absence is impeded by the fact that supervisors and employees differ in their interpretation of the OPPs [9]. The best agreement between supervisors and employees was found for adjustments, such as flexible work hours or modified job duties, to allow sick-listed employees to return to work, which scored

a Pearson correlation coefficient (r) of 0.12. There was less agreement on communication between employer and physician ($r = 0.09$) and retraining of employees when they cannot return to their former job ($r = 0.04$). The item 'someone from your company contacts you shortly after injury or illness to express concern and offer assistance' scored a negative concordance ($r = -0.12$), indicating that the opinion of supervisors opposed that of employees.

Thus, supervisors and employees differ in the perception of communication during sickness absence, while a positive interactive communication between supervisor and employee expedites the process of return to work [10]. Creating a 'welcome back' atmosphere gives employees a sense of being valued and facilitates return to work [11]. Furthermore, a positive communication is necessary to determine an employee's work intentions and abilities and to discuss work adjustments or suitable duties. A comprehensive communication between the supervisor and the sick-listed employee has been associated with a shorter duration of sickness absence [12].

Therefore, it is important that supervisors communicate with sick-listed employees and try to facilitate their return to work. A recent systematic review and meta-analysis found evidence for associations between sickness absence and leadership [13]. Sickness absence was lower among followers of supportive leaders. Supportive supervisory behaviour was also reported to be relevant for the understanding of sickness absence and sickness presenteeism in the Swedish workforce [14]. The extent to which supervisors are perceived as inspiring, trustworthy and communicative appears to be related to employee behaviour regarding how often and how long they take sick leave. However, no single leadership style is appropriate for all situations and effective leaders adapt their leadership behaviour to the readiness level of their employees, which is the ability (knowledge and skills) and willingness (motivation and confidence) of employees to effectively complete a task [15]. It is important for supervisors to know the readiness level of the sick-listed employee. A sick-listed employee who lacks the ability to return to work needs a telling supervisor. When a sick-listed employee is losing his or her confidence to return to work, a supportive leadership style is needed, whereas overconfident sick-listed employees need a tempering supervisor to prevent them from returning to work too early. Finally, when a sick-listed employee is both able and confident to return to work, the leader can delegate work tasks and keep a low profile.

The tuning of leadership behaviour and communication to the readiness level of sick-listed employees may prevent discussions about the legitimacy of sickness absence. To date, still little is known about the employer's role and the employee's perspectives in the management of sickness absence. Inflexible OPPs of organizations that endeavour to maximize productivity and minimize costs, focus on reducing sickness absence

and put managers under pressure to uphold stringent attendance targets ignoring the employee's health concerns. This has adverse effects when employees turn up for work despite apparent illness. Also, strategies to control short-term sickness absence, for instance, by obliging employees reaching three or four episodes of sickness absence a year to participate in an interview about their sickness absence, make employees more prone to work through illness instead of managing their ill health [6, 7].

We conclude that there is an urgent need for prospective studies to assess the impact of OPPs on sickness absence and investigate the manager's role in reducing sickness absence. We presume that sickness presenteeism will become a bigger problem in the near future as a result of tight management of sickness absence. There is still a lack of recognition of sickness presenteeism, while more attention is imperative now that recent literature has shown that sickness presenteeism is associated with poor health and sickness absence in the long term. Occupational health providers should become more conscious of the impact of OPPs and inform organizations about the costs and consequences of sickness presenteeism when OPPs are ruthlessly aimed at reducing sickness absence serving the interests of organizations at the expense of employees' health. It is questionable whether rigorous management of sickness absence ultimately serves the interest of employers because sickness presenteeism today is associated with sickness absence tomorrow.

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